



**DISTRICT OF COLUMBIA GOVERNMENT
OFFICE OF HUMAN RIGHTS**

EDUCATION INTAKE QUESTIONNAIRE

**COMPLETING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A
DISCRIMINATION CHARGE**

Asterisks (*) are required fields.

1. COMPLAINANT

*Date:

*Name:

*Street Address:

*City:

*State:

*Zip:

(Format: NNN-NNN-NNNN)

(Format: NNN-NNN-NNNN)

*Telephone (H):

Telephone (W):

Email:

*What language do you prefer to communicate in? :

English Amharic Chinese Vietnamese Korean Spanish Other (Please list)

Do you require a reasonable
accommodation? If so, please explain:

Do you require language interpretation?
If so, please explain:

IF REPRESENTED BY COUNSEL, PLEASE PROVIDE THE FOLLOWING

Name:

(Format: NNN-NNN-NNNN)

Telephone (H):

Street

Address:

City:

State:

Zip:

e-mail Address

*Please note: If you are represented by counsel or retain counsel prior to your scheduled Intake interview, the counsel must either (1) be present with you for the duration of your Intake interview, or (2) withdraw his/her appearance from the interview by submitting a letter to the Office indicating that the interview may take place without his/her representation.

2. RESPONDENT

Name of company or organization:

Name and Title of principal officer (i.e. President, Owner, Human Resources Manager):

Street Address:

City:

(Format: NNN-NNN-NNNN)

State:

(Format: NNN-NNN-NNNN)

Zip:

Telephone (H):

Fax:

e-mail Address

3. BASIS OF COMPLAINT

The basis is one of the below listed categories to which you belong and believe that you were treated differently because you belong or are perceived to belong in that category.

*Do you feel you were discriminated against because of your: (Please check appropriate box)

Race

Sex

Age

Family Responsibilities

Sexual Orientation

Political Affiliation

Disability

Genetic Information

Gender Identity or expression

Marital Status

National Origin

Religion

Personal Appearance

Matriculation

Source of Income

*4. JURISDICTION

Please check all that apply

*Alleged violation occurred in the District of Columbia.

*Alleged violation occurred 365 days or less (6 months or less for D.C. Government Employees).

*You have not commenced any other action, civil, criminal, or administrative in any other forum based on the same unlawful discriminatory practice described herein.

5. EDUCATIONAL INSTITUTION

What action was taken that made you feel you were treated differently?

Terms and Conditions

Failure to Accommodate(i.e. Religion, Disability)

Admission or Admission Fees

Curriculum

Denial of Service

Program Participation

Other:

*Date of alleged incident:

Service you requested:

Person who denied your service request (if Known)

Name:

Title:

How is this person different from you (i.e. what is this person's protected basis?):

Have you tried to resolve this matter with Respondent? If so, please describe with whom you spoke and their response:

6. YOUR COMPLAINT

*Describe in detail the incident(s) that led you to file a complaint of discrimination. Please list dates as well as the name(s) of the person(s) who discriminated against you in denying employment, promotion, training, goods, services, educational services, etc. If this is a disability-based complaint, please specify whether an accommodation was requested; the person the request was submitted to and the date Respondent was notified of your disability.

SUBMITTING THIS INTAKE QUESTIONNAIRE DOES NOT CONSTITUTE THE FILING OF A CHARGE. The DC Office of Human Rights was established to eradicate discrimination, increase equal opportunity and protect human rights for persons who live, work, or visit the District of Columbia. The receipt of this complaint form by the Office of Human Rights will lead to an intake interview.

*Signature of Potential Charging Party

*Date